

VU Research Portal

God Representations and Mental Health

Schaap-Jonker, J.

2018

document version

Publisher's PDF, also known as Version of record

[Link to publication in VU Research Portal](#)

citation for published version (APA)

Schaap-Jonker, J. (2018). *God Representations and Mental Health: Measurement, multiplicity, and the meaning of religious culture*. [PhD-Thesis - Research and graduation internal, Vrije Universiteit Amsterdam].

General rights

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the public portal ?

Take down policy

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

E-mail address:

vuresearchportal.ub@vu.nl



SUMMARY

Summary

In recent years, there has been an increased scientific and clinical interest in the relationships between religion and spirituality (R/S) and mental health. Although studies examining R/S and mental health generally show positive associations, the relationship seems complex and more differentiated among and between various subgroups: often the link between R/S and mental health is positive but weak, sometimes it is stronger, but sometimes it is negative. The link between religion and mental health seems to be moderated by aspects of R/S, aspects of mental health, and contextual factors, with relational aspects of religion (e.g. belief in a personal, loving God) being most strongly linked to mental health, and relational aspects of mental health being most consistently linked to religion. Contextual factors, such as the level of stress, also have influence on the strength of the associations between R/S and mental health.

Given the complexities, differentiation, and moderation, aim of the current dissertation in psychology of religion was to examine the relationship between God representations and mental health from a theoretical framework of relational psychology, to which attachment theory and object relation theory both contribute, with sensitivity for different (sub)cultures and religious traditions. Main question was how multiple aspects of God representations are related to and qualified by mental health (or mental illness) and whether God representations of psychiatric patients are qualitatively different from those in a community sample, i.e. without a reported psychiatric diagnosis. The project consisted of several subprojects, in which measurement, multiplicity and differentiation, and the meaning of religious culture were important topics.

In **chapter 1**, a general introduction into the field of God representations and mental health is given from the framework of a relational psychology of religion, with attention to conceptualization and operationalization of God representations, and the role of religious culture.

Chapter 2 reports the development and validation of the Dutch *Questionnaire of God Images (QGI)* (later: *Questionnaire of God Representations (QGR)*). To be able to study God representations and mental health in the Netherlands, we needed a valid and reliable measurement instrument. Starting point were Murken's *Skalen zur Religiösen Beziehung* [Scales of religious relationship], a self-report questionnaire which taps the mental representations underlying how people experientially relate with their God and how they cognitively or doctrinally view this God (or divine power) by measuring feelings towards God/the divine, and perceptions of Gods acting or the working of divine power. These scales were translated and validated among people from the general population and people with a psychiatric diagnosis, belonging to various Christian subcultures. Analysis of data structure yielded six scales, which measure an affective and a cognitive dimension. Feelings towards God/the divine were tapped by the scales Positive Feelings (POS), Anxiety (ANX) and Anger (ANG)),

and perceptions of Gods acting/ the working of divine power were measured by Supportive Actions (SUP), Ruling/ Punishing actions (RULP), and Passivity (PAS).

In **chapter 3**, the QGI was examined and refined by means of an item response theory (IRT) analysis, to be better able to discriminate among respondents on the basis of their mental health status, differentiating between emotional and cognitive aspects of God representations. IRT modeling gives more insight into the functioning of individual items and scales, the relation between construct scores (in our study God representation scores) and item endorsement, and the functioning of individual items among different samples. Hence, IRT analysis enabled us to examine whether items on God representations had a qualitatively different meaning for groups that differ on mental health status. On the basis of the results of the IRT analysis, a shorter version of the questionnaire was developed, which can be applied in (epidemiological) survey studies.

God representations have been studied in relation to several types of psychiatric disorders, such as depression and personality pathology. In **chapter 4**, these studies are expanded by investigating aspects of God representations in relation to a specific type of psychopathology, namely autism spectrum disorders (ASD). Impairment of relational capacities and a higher level of stress characterize ASD. By implication, it could be assumed that God representations make use of processes that are thought to be limited or delayed in case of ASD, and differences could be expected between God representations of those with and those without ASD. In the first decennium of the 21st century, however, when the current study was developed and conducted, no other empirical study had been done in which individuals with ASD themselves were asked about their religiousness in general and God representations in particular to test this assumption. Results showed that, in comparison to persons with another psychiatric diagnosis or without any diagnosis, persons with ASD reported more anxiety in relationship with God and more Ruling/ Punishing perceptions of God's actions, with less positive feelings and supportive perceptions. The more autistic traits were reported, the more anxiety towards God and ruling/punishing perceptions were reported.

In **chapter 5 and 6** the questions of meaning and multiplicity were pursued from a person-oriented approach. In chapter 5, aim was to identify different types of God representations among diverse subgroups of psychiatric patients and non-patients. Thus, focus was not so much on how different aspects of God representations were related to different aspects of mental health, as in the study on God representations and ASD (variable-oriented approach), but rather on how different aspects of God representations were interrelated (or configured) and function within individuals, and whether mental health status was associated with qualitatively different types of God representations. Cluster analyses showed that the God representations of psychiatric patients were qualitatively different from representations of non-patients: while a Positive-Authoritative and a Passive- Unemotional type of God representation were found

Summary

among both subgroups, a Negative-Authoritarian type of God representation was only found among psychiatric patients.

Subsequently, in chapter 6 we examined the associations between different types of God representations, personality organization, and religious culture, to gain more insight into psychological and cultural factors that were related to diverse types of God representations. Among psychiatric patients, the Negative-Authoritarian God representation type was particularly associated with a borderline personality organization (BPO), the Passive-Unemotional type with psychotic personality organization (PPO), and the Positive-Authoritative type with neurotic personality organization (NPO).

In **chapter 7**, conclusions were drawn, results were discussed and related to the field of psychology of religion, and recommendations for follow-up studies and for clinical practice were given.